

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Jane Corwin For Congress Inc.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Dennis J. Christiano, Sr.

Mailing Address Aaron Manor

100 St Camillus Way

City

State

Zip Code

Fairport

NY

14450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aaron ManorOccupation  
Executive

Receipt For: 2011

☐ Primary ☐ General  
☒ Other (specify) ▼  
 Special

Election Cycle-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y  
 0 5 / 0 2 / 2 0 1 1

Transaction ID: A-C323

Amount of Each Receipt this Period

500.00

contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert M Chur

Mailing Address 7 Limestone Drive

City

State

Zip Code

Williamsville

NY

14221-7051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ElderWood Senior CareOccupation  
President

Receipt For: 2011

☐ Primary ☐ General  
☒ Other (specify) ▼  
 Special

Election Cycle-to-Date ▼

2500.00

Date of Receipt

 M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 1 1

Transaction ID: A-C227

Amount of Each Receipt this Period

2500.00

contribution

**C.**

Full Name (Last, First, Middle Initial)

Frank L Ciminelli

Mailing Address Centerpointe Corporate Park  
350 Essjay Rd - Ste 101

City

State

Zip Code

Buffalo

NY

14221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ciminelli ConstructionOccupation  
Exec

Receipt For: 2011

☐ Primary ☐ General  
☒ Other (specify) ▼  
 Special

Election Cycle-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y  
 0 4 / 0 8 / 2 0 1 1

Transaction ID: A-C157

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....